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Docket No.: 20269/1201776-US2
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Jay D. KRANZLER *et al.*

Application No.: 10/623,431

Group Art Unit: 1614

Filing Date: July 18, 2003

Examiner: Rebecca COOK

For: METHODS OF TREATING FIBROMYALGIA
SYNDROME, CHRONIC FATIGUE
SYNDROME AND PAIN

RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This responds to the Office Action mailed September 29, 2004.

Amendments to the claims are reflected in the listing of claims, which begins on page 2
of this paper.

Remarks begin on page 12 of this paper.

01/04/2005 AWONDAF1 00000004 10623431

01 FC:2201	400.00 OP
02 FC:2202	500.00 OP

{W:\20269\1201776us2\00309315.DOC }Application Serial No. 10/623,431



AMENDMENT TRANSMITTAL LETTER

Docket No.
20269/1201776-US2

Application No. 10/623,431	Filing Date July 18, 2003	Examiner R. Cook	Art Unit 1614
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Applicant(s): Jay D. KRANZLER et al.

Invention: METHODS OF TREATING FIBROMYALGIA SYNDROME, CHRONIC FATIGUE SYNDROME AND PAIN

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	50	- 30 =	20	x	25.00	500.00
Independent Claims	7	- 3 =	4	x	100.00	400.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						
Other fee (please specify): Information Disclosure Statement						180.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						1,080.00

- ☐ Large Entity
- ☒ Small Entity
- ☐ No additional fee is required for this amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 1,080.00 to cover the filing fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Paul M. Zagar, M.D.
Attorney Reg. No.: 52,392

Dated: December 29, 2004

DARBY & DARBY P.C.
P.O. Box 5257
New York, New York 10150-5257
(212) 527-7770



Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,080.00

Complete if Known

Application Number	10/623,431
Filing Date	July 18, 2003
First Named Inventor	Jay D. KRANZLER
Examiner Name	Rebecca COOK
Art Unit	1614
Attorney Docket No.	20269/1201776-US2

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)
50 - = 20 x 25.00 = 500.00

Multiple Dependent Claims
Fee (\$) Fee Paid (\$)

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
7 - = 4 x 100.00 = 400.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
- 100 = /50 (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement

Fees Paid (\$)

180.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	52,392	Telephone	(212) 527-7700
Name (Print/Type)	Paul M. Zagar, M.D.	Date	December 29, 2004		



Application No. (if known): 10/623,431

Attorney Docket No.: 20269/1201776-US2

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. _____ in an envelope addressed to:

EV 382054315US

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on December 29, 2004
Date

A. Santini

Signature

A. Santini

Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Amendment Transmittal (1 page)
Response to Office Action (16 pages)
Supplemental Information Disclosure Statement (2 pages)
PTO/SB/08a/b (1 page) & 11 References
Fee Transmittal FY 2005 (1 page)
Check # 7151, \$ 1050.00
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